

## **Quarterly Claims Settlement Practices Report**

The Quarterly Claims Settlement Practices Report is required to be submitted for each licensed health care service plan pursuant to Section 1300.71 and 1300.71.38 of the California Code of Regulations. Health care service plans report claim information if the plan or any of its capitated providers\* has failed to timely reimburse at least 95% of complete claims with correct payment including interest and penalties due, that became payable during the reporting period. The following charts summarize the deficiencies reported by the health plans for Q1 and Q2 for the 2004 calendar year.

There are 42 full service health plans and 52 specialized plans. The Department has identified and assigned numbers to 415 capitated providers, of which 237 are classified as RBOs.

(\*) Capitated providers include all risk-bearing organizations and any other medical provider that accepts capitation and pays claims.

### **Full Service Health Plan Deficiencies**

	<u>Quarter 1 - 2004</u> (1/1/04-3/31/04)	<u>Quarter 2 - 2004</u> (4/1/04-6/30/04)
Total number of health plans that failed to timely reimburse at least 95% (including the activity of all of its claims processing organizations) of complete claims with the correct payment including interest and penalties due and owing, that became due and payable in the reporting period.	5	4

### **Disclosure of Emerging Claims Payment Deficiencies:**

• Total number of health plans that failed to forward at least 95% of misdirected claims consistent with sections 1300.71(b)(2)(A) and (B) during the reporting period.	4	5
• Total number of health plans that failed to accept a late claim consistent with section 1300.71(b)(4) at least 95% of the time during the reporting period.	0	0
• Total number of health plans that failed to acknowledge the receipt of at least 95% of the claims consistent with section 1300.71(c) during the reporting period.	1	0
• Total number of health plans that failed to provide an accurate and clear written explanation of the specific reasons for denying, adjusting or contesting a claim consistent with section 1300.71 (d)(1) at least 95% of the time for the affected claims during the reporting period.	0	0
• Total number of health plans that failed to contest or deny a claim, or portion thereof, within the timeframes of section 1300.71(h) and sections 1371 or 1371.35 of the Act at least 95% of the time for the affected claims during the reporting period.	2	2

<ul style="list-style-type: none"> <li>Total number of health plans that failed to provide the required Notice of Dispute Resolution Mechanism(s) consistent with section 1300.71.38(b) at least 95% of the time for the affected claims during the reporting period.</li> </ul>	3	2
<ul style="list-style-type: none"> <li>Total number of health plans that requested reimbursement of an overpayment of a claim inconsistent with the provisions of section 1300.71(b)(5) and (d)(3), (4), (5) and (6) more than 5% of the time for affected claims during the reporting period.</li> </ul>	2	0

### **Specialized Health Plan Deficiencies**

	<u>Quarter 1 - 2004</u> (1/1/04-3/31/04)	<u>Quarter 2 - 2004</u> (4/1/04-6/30/04)
Total number of health plans that failed to timely reimburse at least 95% (including the activity of all of its claims processing organizations) of complete claims with the correct payment including interest and penalties due and owing, that became due and payable in the reporting period.	0	0

### **Disclosure of Emerging Claims Payment Deficiencies:**

<ul style="list-style-type: none"> <li>Total number of health plans that failed to forward at least 95% of misdirected claims consistent with sections 1300.71(b)(2)(A) and (B) during the reporting period.</li> </ul>	0	0
<ul style="list-style-type: none"> <li>Total number of health plans that failed to accept a late claim consistent with section 1300.71(b)(4) at least 95% of the time during the reporting period.</li> </ul>	0	0
<ul style="list-style-type: none"> <li>Total number of health plans that failed to acknowledge the receipt of at least 95% of the claims consistent with section 1300.71(c) during the reporting period.</li> </ul>	3	3
<ul style="list-style-type: none"> <li>Total number of health plans that failed to provide an accurate and clear written explanation of the specific reasons for denying, adjusting or contesting a claim consistent with section 1300.71 (d)(1) at least 95% of the time for the affected claims during the reporting period.</li> </ul>	0	0
<ul style="list-style-type: none"> <li>Total number of health plans that failed to contest or deny a claim, or portion thereof, within the timeframes of section 1300.71(h) and sections 1371 or 1371.35 of the Act at least 95% of the time for the affected claims during the reporting period.</li> </ul>	0	0

• Total number of health plans that failed to provide the required Notice of Dispute Resolution Mechanism(s) consistent with section 1300.71.38(b) at least 95% of the time for the affected claims during the reporting period.	1	1
• Total number of health plans that requested reimbursement of an overpayment of a claim inconsistent with the provisions of section 1300.71(b)(5) and (d)(3), (4), (5) and (6) more than 5% of the time for affected claims during the reporting period.	0	0

### **Capitated Providers - Claims Payment Deficiencies**

	<u>Quarter 1 - 2004</u> (1/1/04-3/31/04)	<u>Quarter 2 - 2004</u> (4/1/04-6/30/04)
Total number of capitated providers/claims processing organizations, that failed to timely reimburse at least 95% of complete claims with the correct payment including interest and penalties due and owing, that became due and payable in the reporting period.	41	46

### **Disclosure of Emerging Claims Payment Deficiencies:**

• Total number of capitated providers/claims processing organizations that failed to forward at least 95% of misdirected claims consistent with sections 1300.71(b)(2)(A) and (B) during the reporting period.	24	27
• Total number of capitated providers/claims processing organizations that failed to accept a late claim consistent with section 1300.71(b)(4) at least 95% of the time during the reporting period.	0	0
• Total number of capitated providers/claims processing organizations that failed to acknowledge the receipt of at least 95% of the claims consistent with section 1300.71(c) during the reporting period.	8	19
• Total number of capitated providers/claims processing organizations that failed to provide an accurate and clear written explanation of the specific reasons for denying, adjusting or contesting a claim consistent with section 1300.71 (d)(1) at least 95% of the time for the affected claims during the reporting period	0	0
• Total number of capitated providers/claims processing organizations that failed to contest or deny a claim, or portion thereof, within the timeframes of section 1300.71(h) and sections 1371 or 1371.35 of the Act at least 95% of the time for the affected claims during the reporting period.	9	8

<ul style="list-style-type: none"> <li>• Total number of capitated providers/claims processing organizations that failed to provide the required Notice of Dispute Resolution Mechanism(s) consistent with section 1300.71.38(b) at least 95% of the time for the affected claims during the reporting period.</li> </ul>	1	1
<ul style="list-style-type: none"> <li>• Total number of capitated providers/claims processing organizations that failed to provide an accurate and clear written explanation of the specific reason for denying, adjusting or contesting a claim consistent with section 1300.71(d)(1) at least 95% of the time for the affected claims during the reporting period.</li> </ul>	7	4